Department of Veterans Affairs State Veterans Home Survey Report

This survey report and the information contained herein, resulted from the State Veterans Home (SVH) Survey as a Summary Statement of Deficiencies. (Each Deficiency Must be Preceded by Full Regulatory or applicable Life Safety Code Identifying Information.) Title 38 Code of Federal Regulations Part 51 is applied for SVHs applicable by level of care.

General Information:

Facility Name: Pennsylvania Soldiers' & Sailors' Home

Location: 560 East Third St., Erie PA, 16507

Onsite / Virtual: Virtual

Dates of Survey: 1/31/22-2/3/22

Nursing Home / Domiciliary/ Adult Day Health Care: NH

Survey Type: Annual

Total VA Recognized Beds: 107

Census on First Day of Survey: 73

Regulation #	Statement of Deficiencies
	Initial Comments: A VA Annual survey was conducted from January 31, 2022 through February 3, 2022 at the Pennsylvania Soldiers' and Sailors' Home. The survey revealed the facility was not in compliance with title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
51.70(c)(6) Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility. Scope and Severity – No Actual Harm, with potential for more than minimal harm Residents Affected – All	Based on interviews and record reviews, the facility failed to ensure resident funds were protected by a surety bond or an alternative approved by the VA Under Secretary for Health to assure the security of all personal funds of residents deposited with the facility. This deficient practice affected all the residents of the facility whose personal funds were managed by the facility. Findings include: Review of a document titled "Certificate of Property Insurance" dated 5/24/21 revealed the insurer was identified as "Travelers Casualty & Surety Co of America" and the insured was identified as being "Commonwealth of Pennsylvania." The document identified the covered location to be "Pennsylvania Soldiers' and Sailors' Home" located at 560 East Third Street in Erie, Pennsylvania. The document stated the type of insurance was "Crime." Review of a letter dated 11/4/21 signed by the "Executive Director of Longer – Term Care, DMVA (Department of Military

	and Veterans Affairs)" addressed to "Travelers Casualty & Surety Co. of America" which stated "We hereby request that you provide coverage under the captioned policy for the Department of Military & Veterans' Affairs Veterans' Homes, with an effective date of March 1, 2021. The "subject" of the letter specified "Crime Coverage Pennsylvania Veterans Homes", with an effective date of 3/1/21 to 3/1/22. The letter named only the facility(s) as the insured party and contained no documentation regarding the policy providing assurances that residents and/or a third party on behalf of the residents would be reimbursed if a failure to safeguard, manage, and account for the residents' personal funds occurred. Review of a letter to the facility from "Travelers Casualty and Surety Company of America" dated 12/6/21 revealed the letter contained documentation regarding an insurance policy that identified "DMVA Pennsylvania Veterans Homes" as the "Insured Named". The insured "Policy Period" was identified to be 3/1/21 to 3/1/22 and the Binder Expiration Date" was 1/5/22. The insurance policy letter identified only the facility (DMVA Pennsylvania Veterans Homes) as having been named as the insured with no documentation that specified residents and/or a third party on behalf of the residents would be compensated for any loss of resident funds occurring from the facility's failure to safeguard, manage, and account for the residents' personal funds. Review of an accounting ledger specified the total in the SVH (State Veterans' Home) accounts from the "NC Bank Statements with Reconciliations" was an amount of $215,685.06. The accounting ledger indicated $23,112.09 was maintained in a "Nursing Care Statement" and $192,572.97 was maintained in a "Personal Care Statement", for the total of $215,685.06. Interview was conducted on 2/3/22 at 9:55 a.m. with [Administrative Staff A] who oversees the residents' personal funds account. [Administrative Staff A] stated the insurance policy maintained by the facility has a surety that makes it payable to the facility and not the residents or a third party acting on behalf of the residents. [Administrative Staff A] stated the facility would reimburse the residents' personal funds if a claim had to be made. Interview was conducted on 2/3/22 at 10:02 a.m. with [Administrative Staff B]. [Administrative Staff B] acknowledged being aware the facility's insurance policy named the facility as the insured and not the residents. [Administrative Staff B] stated this issue had come up over the past couple of years and [Administrative Staff C] had been working to obtain a waiver for the requirement. [Administrative Staff B] stated if any residents'

	personal funds went missing the facility would reimburse the residents for the amount lost.
51.200 (a) Life safety from fire. The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. Scope and Severity - No Actual Harm, with potential for more than minimal harm Residents Affected – All	1. Based on observation and interview, the facility failed to provide separation from other occupancies. The deficient practice affected eight (8) of eight (8) smoke compartments, staff, and all residents. The facility has the capacity for 107 beds with a census of 73 on the days of survey. Findings include: Observation during the building inspection tour on 01/31/22 at 10:15 a.m. revealed three (3) wires that were unsealed where they went through the wall and two (2) pipes that were not sealed where they went through the wall in the two (2) hour wall separating the Health Care occupancy from the Assisted Living. The facility failed to seal penetrations to maintain the two (2) hour separation as required by sections 19.1.3.3, 8.3.5, and 8.3.5.1 in NFPA 101, Life Safety Code. Interview on 01/31/22 at 10:15 a.m. with [Maintenance Staff A] revealed the facility was not aware of the penetrations in the two (2) hour wall. The census of 73 was verified by [Administrative Staff B] on 01/31/22. The finding was acknowledged by [Administrative Staff B] and verified by [Maintenance Staff A] at the exit interview on 02/02/22. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.1.3.3* Sections of health care facilities shall be permitted to be classified as other occupancies, provided that they meet all of the following conditions: (1) They are not intended to provide services simultaneously for four or more inpatients for purposes of housing, treatment, or customary access by inpatients incapable of self-preservation. (2) They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. (3) For other than previously approved occupancy separation arrangements, the entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 8.3.5 Penetrations. The provisions of 8.3.5 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance–rated horizontal assemblies. The provisions of 8.3.5 shall not apply to approved existing materials and methods of construction used to protect existing through-penetrations and existing membrane penetrations in fire walls, fire barrier walls, or fire resistance–

	rated horizontal assemblies, unless otherwise required by Chapters 11 through 43. 8.3.5.1* Firestop Systems and Devices Required. Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through- Penetration Firestops, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m2) between the exposed and the unexposed surface of the test assembly. 2. Based on observation and interview, the facility failed to maintain smoke barriers to resist the passage of smoke. The deficient practice affected two (2) of eight (8) smoke compartments, staff, and 24 residents. The facility has the capacity for 107 beds with a census of 73 on the day of survey. Findings include: Observation during the building inspection tour on 01/31/22 at 10:00 a.m. of the smoke barrier wall above the drop ceiling at the cross-corridor doors located by the pharmacy revealed block joints that were not sealed as required by section 8.5.6.2 of NFPA 101, Life Safety Code. Interview on 01/31/22 at 10:01 a.m. with [Maintenance Staff A] revealed the facility was not aware the blocks weren't properly sealed. The census of 73 was verified by [Administrative Staff B] on 01/31/22. The finding was acknowledged by [Administrative Staff B] and verified by [Maintenance Staff A] at the exit interview on 02/02/22. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1⁄2-hour fire resistance rating, unless otherwise permitted by one of the following: (1) This requirement shall not apply where an atrium is used, and both of the following criteria also shall apply: (a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c). (b) Not less than two separate smoke compartments shall be provided on each floor.

	(2) *Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.8 has been provided for smoke compartments adjacent to the smoke barrier. 8.3.2*. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. Exception: A smoke barrier required for an occupied space below an interstitial space shall not be required to extend through the interstitial space, provided that the construction assembly forming the bottom of the interstitial space provides resistance to the passage of smoke equal to that provided by the smoke barrier. 3. Based on records review and interview, the facility failed to properly inspect and test Patient-Care Related Electrical Equipment (PCREE). The deficient practice affected one (1) of six (6) smoke compartments, staff, and all residents. The facility has a capacity for 107 beds with a census of 73 on the days of the survey. The findings include: Records review on 02/01/22 at 11:05 a.m. revealed there was no documentation for testing the physical integrity, resistance, leakage current, and touch current tests for Continuous positive airway pressure (CPAP) machines located in rooms #106, 107, and 108 as required by section 10.3 of NFPA 99 Health Care Facilities Code. Interview on 01/31/22 at 10:01 a.m. with [Maintenance Staff A] the facility checks to make sure the PCREE is operational before being put into service but did not include CPAP machines in those inspections. The census of 73 was verified by [Administrative Staff B] on 01/31/22. The finding was acknowledged by [Administrative Staff B] and verified by [Maintenance Staff A] at the exit interview on 02/02/22. Actual NFPA Standard: NFPA 99 Health Care Facilities Code (2012) 10.3 Testing Requirements — Fixed and Portable.

	10.3.1* Physical Integrity. The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. 10.3.2* Resistance. 10.3.2.1 For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. 10.3.2.2 The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). 10.3.3* Leakage Current Tests. 10.3.3.1 General. 10.3.3.1.1 The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. 10.3.3.1.2 Tests shall be performed with the power switch ON and OFF. 10.3.3.2 Resistance Test. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. 10.3.3.3* Techniques of Measurement. The test shall not be made on the load side of an isolated power system or separable isolation transformer. 10.3.3.4* Leakage Current Limits. The leakage current limits in 10.3.4 and 10.3.5 shall be followed. 10.3.4 Leakage Current — Fixed Equipment. 10.3.4.1 Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. 10.3.4.2 The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. 10.3.5 Touch Current — Portable Equipment. 10.3.5.1* Touch Current Limits. The touch current for cord connected equipment shall not exceed 100 µA with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 µA with the ground wire disconnected. 10.3.5.2 If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. 10.3.5.3 When multiple devices are connected together and more than one power cord supplies power, the devices shall be separated into groups according to their power supply cord, and

	the leakage current shall be measured independently for each group as an assembly. 10.3.5.4 Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: (1) Power plug connected normally with the appliance on (2) Power plug connected normally with the appliance off (if equipped with an on/off switch) 10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. 10.3.5.4.2 Test shall be made with Switch A in Figure 10.3.5.4 closed. 10.3.6* Lead Leakage Current Tests and Limits — Portable Equipment. 10.3.6.1 The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. 10.3.6.2 An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. 10.3.6.3 The leakage current shall not exceed 100 µA for ground wire closed and 500 µA ac for ground wire open. 10.5.2.1 Testing Intervals. 10.5.2.1.1 The facility shall establish policies and protocols for the type of test and intervals of testing for patient care–related electrical equipment. 10.5.2.1.2 All patient care–related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety. 10.5.2.5* System Demonstration. Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. 10.5.3 Servicing and Maintenance of Equipment. 10.5.3.1 The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. 10.5.3.1.1 The documents specified in 10.5.3.1 shall include the following, where applicable: (1) Illustrations that show the location of controls (2) Explanation of the function of each control (3) Illustrations of proper connection to the patient or other equipment, or both (4) Step-by-step procedures for testing and proper use of the appliance (5) Safety considerations in use and servicing of the appliance

	(6) Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliances (7) Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance (8) Instructions for cleaning, disinfection, or sterilization (9) Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) (10) Explanation of figures, symbols, and abbreviations on the appliance (11) Technical performance specifications (12) Instructions for unpacking, inspection, installation, adjustment, and alignment (13) Preventive and corrective maintenance and repair procedures 10.5.3.1.2 Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. 10.5.6 Record Keeping — Patient Care Appliances. 10.5.6.1 Instruction Manuals. 10.5.6.1.1 A permanent file of instruction and maintenance manuals shall be maintained and be accessible. 10.5.6.1.2 The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. 10.5.6.1.3 Duplicate instruction and maintenance manuals shall be available to the user. 10.5.6.1.4 Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. 10.5.6.2* Documentation. 10.5.6.2.1 A record shall be maintained of the tests required by this chapter and associated repairs or modifications. 10.5.6.2.2 At a minimum, the record shall contain all of the following: (1) Date (2) Unique identification of the equipment tested (3) Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 10.5.6.3 Test Logs. A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. 10.5.8 Qualification and Training of Personnel. 10.5.8.1* Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. 10.5.8.1.1 The health care facilities shall provide programs of continuing education for its personnel. 10.5.8.1.2 Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances.

	10.5.8.2 Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. 10.5.8.3 Equipment shall be serviced by qualified personnel only.